DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my tesidence, post office address and citizenship are as stated be exit to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (pural names are listed below) of the subject matter which is claimed and for which a patient is sought on the inventibility. GUTTER MOUNTED DRCK LID HINGE. (a specification of which: [X] is attached hereto; or [] was filed on (MM/DD/YYYY)					eseo DVIC	
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Declaration for Patent Application (cont'd.	claration	for Patent	Application	(cont'd.)
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Atty. Docket No	TPL 0139 PUS
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I hereby appoint the practitioners associated with Customer Number 22045 to prosecute this application and to transact all business in the Patent and Trudemark Office connected therewith, and direct that all correspondence be addressed to that Customer Number. Telephone calls should be directed to (248) 358-4400.

CUSTOMER NO.

22045

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any putent issued thereon.

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Residence	(Same as Above)	CitizenshipC	lunada	